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Fill in this information to identify your		
United States Bankruptcy Court for the:  NORTHERN DISTRICT OF ILLINOIS		
Case number (if known):	Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13	Check if this amended filing

### Official Form 101

Part 1:

## Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### **About Debtor 1:** 1. Your full name Write the name that is on your Robert government-issued picture First Name identification (for example,

Middle Name

Last Name

About Debtor 2 (Spouse Only in a Joint Case):

First Name

Middle Name

Last Name

Suffix (Sr Ir II III)

your driver's license or passport).

**Identify Yourself** 

Bring your picture identification to your meeting with the trustee.

All other names you have used in the last 8 vears

> Include your married or maiden names.

Only the last 4 digits of your Social Security number or federal **Individual Taxpayer** Identification number (ITIN)

Smith	
Last Name	
Suffix (Sr., Jr., II, III)	
First Name	
Middle Name	
Middle Name	

xxx - xx - <u>8</u>	_7_	5	_ 7
OR			
9xx - xx			

Outilix (O1., 01., 11, 1	,		
First Name			
Middle Name			
Last Name			

OR 9xx - xx - \_\_\_\_ \_\_\_\_

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Del	btor 1	Robert First Name	L. Middle Name	Smith  Last Name	Cas	se number (if known	)
		i iidi i damo	About De			About Debtor 2 (	Spouse Only in a Joint Case):
4.	-	usiness names mployer		ve not used any business n	ames or EINs.	·	ed any business names or EINs.
	(EIN)	fication Numbers you have used in st 8 years	Business n	ame		Business name	-
	Includ	e trade names and	Business n	ame		Business name	
doir	doing	business as names	Business n	ame		Business name	
			EIN —		- — —		
			EIN —			<u></u>	
5.	Where	you live				If Debtor 2 lives a	at a different address:
				Roosevelt Road			_
			Number	Street		Number Street	
			Apartme	ent #13			
			Chicago	) IL 606	24		
			City	State ZIP C		City	State ZIP Code
			Cook County			County	
			the one a	ailing address is different bove, fill it in here. Note to send any notices to you at ddress.	that the	from yours, fill it	ing address is different in here. Note that the court ses to you at this mailing
			Number	Street		Number Street	
			P.O. Box			P.O. Box	
			City	State ZIP C	Code	City	State ZIP Code
6.		ou are choosing	Check on	e:		Check one:	
	bankr		petit	r the last 180 days before fi ion, I have lived in this distr in any other district.			180 days before filing this ve lived in this district longer ther district.
				ve another reason. Explain 28 U.S.C. § 1408.)	ı <b>.</b>	I have another (See 28 U.S.	er reason. Explain. C. § 1408.)
Р	art 2:	Tell the Court	About Your	Bankruptcy Case			
7.		hapter of the uptcy Code you		: (For a brief description of otcy (Form 2010)). Also, go			.S.C. § 342(b) for Individuals Filing appropriate box.
	are ch under	noosing to file	☐ Chapt	er 7			
			☐ Chapt	er 11			
			☐ Chapt	er 12			
			<b>⊘</b> Chapt	er 13			

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Deb	otor 1 Robert	L.	Smith C	Case numb	per (if known)	
	First Name	Middle Name	Last Name		_	
8.	How you will pay the fee	court pay w	pay the entire fee when I file my petitic for more details about how you may pay. vith cash, cashier's check, or money orde f, your attorney may pay with a credit care	Typically r. If your a	r, if you are pay attorney is subr	ing the fee yourself, you may nitting your payment on your
			d to pay the fee in installments. If you duals to Pay Your Filing Fee in Installmen			and attach the Application for
		By law than fee in	west that my fee be waived (You may rew, a judge may, but is not required to, waits 150% of the official poverty line that application installments). If you choose this option, Fee Waived (Official Form 103B) and file	ive your fe ies to your you must	ee, and may do family size and fill out the Appl	so only if your income is less d you are unable to pay the
9.	Have you filed for	<b>√</b> No				
	bankruptcy within the last 8 years?	Yes.				
	·	District _		_ When _	MM / DD / YYYY	Case number
		District _		When _	MM / DD / YYYY	Case number
		District		When		Case number
10.	Are any bankruptcy	<b>☑</b> No				
	cases pending or being filed by a spouse who is	Yes.				
	not filing this case with you, or by a business	Debtor _			Relationsh	ip to you
	partner, or by an affiliate?	District			MM / DD / YYYY	Case number,if known
		Debtor			Relationsh	ip to you
				When		Case number,
11.	Do you rent your residence?	☐ No. ☑ Yes.	Go to line 12.  Has your landlord obtained an eviction presidence?  No. Go to line 12.	judgment :	against you and	d do you want to stay in your
			Yes. Fill out Initial Statement About and file it with this bankruptov patit		•	,

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Deb	tor 1	Robert First Name	L. Middle N	ame	Smith Last Name	Case number (if	known)		
Pá	art 3:	1			sses You Own as a	a Sole Proprietor			
	Are you of any for business	a sole proprietor ull- or part-time		No. (	Go to Part 4.  Name and location of beaution of beaution of business, if any	·			
	individua separate	al, and is not a e legal entity such as ation, partnership, or			Number Street				
	sole pro	eve more than one prietorship, use a sheet and attach it etition.			Health Care Busin Single Asset Real Stockbroker (as d	box to describe your business: ness (as defined in 11 U.S.C. § 7 I Estate (as defined in 11 U.S.C. lefined in 11 U.S.C. § 101(53A)) er (as defined in 11 U.S.C. § 101 e	. § 101(51B))	ZIP Cod	ie
		11 of the otcy Code and a small business	can mos	set ap	ppropriate deadlines. If you	the court must know whether you indicate that you are a small tent of operations, cash-flow state to exist, follow the procedure in 1	business deb tement, and fe	otor, you i ederal inc	must attach your come tax return
	debtor?		<b>Ø</b>	No.	I am not filing under Chapt	napter 11. er 11, but I am NOT a small bus	siness debtor a	according	to the definition in
	busines	finition of small s debtor, see C. § 101(51D).			the Bankruptcy Code.				
Pa	art 4:	Report If You C	)wn or	· Hav		Property or Any Property	That Need	s Imme	ediate Attention
property alleged t		you own or have any operty that poses or is eged to pose a threat of minent and identifiable		No Yes.	What is the hazard?				
	safety? any pro	to public health or Or do you own perty that needs ate attention?			If immediate attention i	is needed, why is it needed?			
	perishal livestoci	mple, do you own ble goods, or a that must be fed, or ng that needs urgent			Where is the property?	Number Street			
						City	<u></u>	tate	ZIP Code

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Smith Debtor 1 Robert Case number (if known) First Name Middle Name Last Name

#### Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

 I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

П	I am not required	to receive a	briefing	about
	credit counseling			

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

□ Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

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Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

П	I am not re	equired t	o receive	a briefing	about
	credit cou				

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

 □ Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1 Robert First Name		L. Smith Case number (if known Middle Name Last Name					know	n)		
P	art 6:	Answer These	Quest	ions	for Reporting P	urpos	ses			
16. What kind of debts do you have?					Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  Yes. Go to line 17.					
			16b		-	r invest	iness debts? Business deb ment or through the operation		e debts that you incurred to obtain e business or investment.	
			16c	Sta	te the type of debts	you owe	e that are not consumer or bu	sines	s debts.	
17.	-	Are you filing under Chapter 7?		No.	I am not filing unde	er Chap	ter 7. Go to line 18.			
	any ex exclud admini are pai availab	estimate that after empt property is ed and strative expenses id that funds will be ole for distribution ecured creditors?		Yes.	•		· ·	-	xempt property is excluded and to distribute to unsecured creditors?	
18.		nany creditors do timate that you		1-49 50-99 100-1 200-9	99		1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000	
19.		nuch do you te your assets to th?		\$50,0 \$100	50,000 101-\$100,000 1001-\$500,000 1001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
20.		uch do you te your liabilities to		\$50,0 \$100	50,000 101-\$100,000 .001-\$500,000 .001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	

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Debtor 1	Robert	L.	Smith	Case number (if known)				
	First Name	Middle Name	Last Name					
Part 7:	Sign Below							
For you	==	I have exami and correct.	ned this petition, and I de	clare under penalty of perjury that the information provided is true				
			11, United States Code.	7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, I understand the relief available under each chapter, and I choose to				
		•	•	not pay or agree to pay someone who is not an attorney to help me and read the notice required by 11 U.S.C. § 342(b).				
		I request relief in accordance with the chapter of title 11, United States Code, specified in this peti						
		connection w	•	t, concealing property, or obtaining money or property by fraud in n result in fines up to \$250,000, or imprisonment for up to 20 years, 9, and 3571.				
		X /s/ Robe Robert L.	rt L. Smith Smith, Debtor 1	X Signature of Debtor 2				
		Executed	on <u>09/11/2016</u> MM / DD / YYYY	Executed on MM / DD / YYYY				

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Debtor 1	Robert	L.	Smith	Case number (if know	າ)
	First Name	Middle Name	Last Name	`	,
•	attorney, if you are ed by one	eligibility to prelief availab	proceed under Chapter 7, 1 ble under each chapter for v	which the person is eligible. I also	tes Code, and have explained the certify that I have delivered to
•	not represented by ey, you do not need page.			U.S.C. § 342(b) and, in a case in a ninquiry that the information in the	
			dia F. Badillo e of Attorney for Debtor	Date	09/11/2016 MM / DD / YYYY
		Claudia	F. Badillo		
		Printed no			
		Firm Nam	<b>Law Group</b> ne		
		8745 W.	Higgins Rd.		
		Number	Street		
		Suite 11	10		
		Chicago	)	IL	60631
		City		State	ZIP Code
		Contact p	ohone (773) 716-7736	Email address <b>badillo</b>	olawyer@gmail.com
		6294992	2	IL	
		Bar numb	per	State	_

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F	ill in this inf	ormation to i	dentify your case	and this filing:	I			
D	ebtor 1	Robert	L.	Smith				
		First Name	Middle Name	Last Name				
	ebtor 2 Spouse, if filing)	First Name	Middle Name	Last Name				
U	nited States Bar	nkruptcy Court fo	r the: <b>NORTHERN D</b>	ISTRICT OF ILLINOIS				
_	ase number				☐ Check	if this is an		
(11	f known)				_	ded filing		
<u></u>	ificial Forms	400A/D						
	ficial Form	<u> </u>				12/15		
50	nedule A	B. Propert	y			12/15		
the filir	asset in the cang together, bo	ategory where you	ou think it fits best. B sponsible for supplyi	e as complete and accurate ang correct information. If mo	asset fits in more than one ca as possible. If two married poore space is needed, attach a amber (if known). Answer eve	eople are separate		
Р	art 1: Des	scribe Each F	tesidence, Buildir	ng, Land, or Other Real	Estate You Own or Have	e an Interest In		
1.	Do you own o	or have any lega	l or equitable interest	in any residence, building, la	and, or similar property?			
	☑ No. Go t							
	Yes. Where is the property?							
2.		•	-	of your entries from Part 1, ir ite that number here		\$0.00		
Р	art 2: Des	scribe Your V	ehicles					
					are registered or not? Include Executory Contracts and Unexp			
3.	Cars, vans, tr	ucks, tractors, s	sport utility vehicles, r	notorcycles				
	✓ No ☐ Yes							
4.				recreational vehicles, other v				
	Examples: Bo	oats, trallers, mot	ors, personal watercran	t, fishing vessels, snowmobiles	, motorcycle accessories			
	Yes							
5.				of your entries from Part 2, ir ite that number here		\$0.00		
Р	art 3: Des	scribe Your P	ersonal and Hous	sehold Items				
Do	you own or ha	ve any legal or e	quitable interest in a	ny of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.		
6.	_	oods and furnish	nings urniture, linens, china,	kitchenware				
	□ No	ajoi applialites, l	amaro, miono, omia,	and to the state of the state o				
	Yes. Des	cribe Misc. I	nousehold goods			\$400.00		

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Deb	tor 1 <b>F</b>	Robert	L.	Smith	Case number (if known)	
	F	First Name	Middle Name	Last Name		
7.	Electroni	ics				
		s: Televisions			equipment; computers, printers, scanners; es, cameras, media players, games	
	□ No ☑ Yes.	Describe	One television,	radio and cellular pho	ne	\$200.00
8.	Collectib	les of value				
0.		s: Antiques ar	• • •	•	; books, pictures, or other art objects; s, memorabilia, collectibles	
	✓ No ☐ Yes.	Describe				
9.		s: Sports, pho	• .	e, and other hobby equipm tools; musical instruments	ent; bicycles, pool tables, golf clubs, skis;	
	✓ No ☐ Yes.	Describe				
10.			es, shotguns, amm	unition, and related equipm	ent	
	✓ No ☐ Yes.	Describe				
11.	Clothes Examples	s: Everyday c	lothes, furs, leathe	r coats, designer wear, sho	es, accessories	
	☐ No ✓ Yes.	Describe	Normal and ned	essary clothing		\$200.00
12.	Jewelry Examples	s: Everyday je gold, silver	•	velry, engagement rings, w	edding rings, heirloom jewelry, watches, gems,	
	✓ No ☐ Yes.	Describe				
13.	Non-farm Examples		, birds, horses			
	✓ No ☐ Yes.	Describe				
14.	Any othe	-	nd household iten	s you did not already lis	, including any health aids you	
		Give specific				
15.			-		any entries for pages you have	\$800.00
Pa	art 4:	Describe '	Your Financial	Assets		
Do y	ou own o	or have any le	egal or equitable i	nterest in any of the follo	wing?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Examples	s: Money you petition	have in your walle	;, in your home, in a safe d	eposit box, and on hand when you file your	
	□ No					
	ш				Cash:	\$50.00
						<del></del>

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Deb	tor 1	Robert	L.	Smith	Case number (if known)	
		First Name	Middle Name	Last Name		
17.	-	•	ses, and other simila		of deposit; shares in credit unions, we multiple accounts with the same	
	□ No ✓ Yes	S	Institutio	on name:		
	17	.1. Other financia	al account: Debit E	Express Card		\$10.00
18.		mutual funds, or p	-	<b>cks</b> with brokerage firms, mo	ney market accounts	
	✓ No ☐ Yes	3	Institution or issue	er name:		
19.	-	blicly traded stock		•	orporated businesses, including	
	info	s. Give specific	Name of autitus		OV of our archite	
20		m	Name of entity:	, negatiable and nen n	% of ownership:	
20.	Negotia Non-ne	ble instruments incl	ude personal check	•	missory notes, and money orders. by signing or delivering them.	
	info	s. Give specific ormation about m	Issuer name:			
21.		nent or pension acc les: Interests in IRA profit-sharing pl	, ERISA, Keogh, 40	01(k), 403(b), thrift savin	gs accounts, or other pension or	
		s. List each count separately.	Type of account:	Institution name:		
22.	Your sh Exampl		eposits you have ma	•	tinue service or use from a company ectric, gas, water), telecommunications	
	☑ No					
23.	_	es (A contract for a	a specific periodic p	Institution name or individual average in the land in	ridual: , either for life or for a number of years)	
	<b>☑</b> No	S			, 5.1.1.5. 1.5. 1.1.5 5. 1.5. 2.1.1.1.1.1.5. 5. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	
24.		ts in an education   C. §§ 530(b)(1), 529			ogram, or under a qualified state tuition program	l.
	✓ No		Institution name o	nd description Congret	ely file the records of any interests. 11 U.S.C. § 521	1(0)
25.	Trusts,	equitable or future	e interests in prop		ng listed in line 1), and rights or	(C)
	✓ No	s exercisable for your services. Give specific ormation about them				
26.				ets, and other intellect proceeds from royalties	ual property; and licensing agreements	
		s. Give specific ormation about them	ı			

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Deb	tor 1	Robert First Name	L. Middle Name	Smith Last Name	Case number (if kno	own)	
27.			d other general in its, exclusive licens	•	iation holdings, liquor licenses, profe	essional licen	ses
		s. Give specific ormation about ther	m				
Mor		operty owed to y					Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref	unds owed to yoเ	ı				
	✓ No	s. Give specific inf	ormation			Federal	:\$0.00
		out them, including already filed the r				State:	\$0.00
	•	I the tax years				Local:	\$0.00
29.	-	support les: Past due or lu	mp sum alimony, s	pousal support, child s	upport, maintenance, divorce settler	nent, property	y settlement
	سخا	s. Give specific inf	ormation		Alimo	ny:	\$0.00
					Mainte	enance:	\$0.00
					Suppo	ort:	\$0.00
					Divorc	e settlement:	\$0.00
					Prope	rty settlemen	t: <b>\$0.00</b>
30.	Example No		, disability insurand , Social Security be		benefits, sick pay, vacation pay, wo	rkers'	
31.	Interes	ts in insurance po	olicies	e; health savings acco	unt (HSA); credit, homeowner's, or re	enter's insura	nce
	con	s. Name the insurant of each police of list its value	су	ame:	Beneficiary:	Su	rrender or refund value:
32.	If you a	re the beneficiary o	•		died e insurance policy, or are currently		
	✓ No ☐ Yes	s. Give specific inf	ormation				
33.	Exampl	•	•	ot you have filed a law insurance claims, or r	vsuit or made a demand for payme ghts to sue	ent	
	✓ No ☐ Yes	s. Describe each c	claim				
34.	rights t	ontingent and un o set off claims	liquidated claims	of every nature, inclu	ding counterclaims of the debtor a	and	
	✓ No	: Describe each o	Naim				

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Debt		obert	L.	Smith	Case number (if known)	
35.		st Name cial assets you	Middle Name  I did not already li	Last Name		
•	✓ No	,		-		
		Give specific inf	ormation			
36.				_	y entries for pages you have	\$60.00
Pa	irt 5: De	scribe Any	Business-Reia	ted Property You O	wn or Have an Interest In. List any	real estate in Part 1.
37.	Do you ow	vn or have any	legal or equitable	interest in any business	s-related property?	
		o to Part 6. Go to line 38.				
	□ 103. €	30 to iii ic 30.				Comment value of the
						Current value of the portion you own?
						Do not deduct secured claims or exemptions.
38.	Accounts	receivable or o	commissions you	already earned		
	✓ No ☐ Yes. □	Describe				
39.	•	•	hings, and supplie			
	Examples:		ed computers, soft electronic devices		copiers, fax machines, rugs, telephones,	
	✓ No	D-noviho				
40	_	Describe		in business and	l to also af via ve trada	
40.		/, fixtures, equi	pment, supplies y	you use in business, and	tools of your trade	
	✓ No ☐ Yes. □	Describe				
41.	Inventory					
	<b>√</b> No					
	Yes. [	Describe				
42.	Interests i	n partnerships	or joint ventures			
	✓ No ☐ Yes. [	Describe Na	ime of entity:		% of ownership:	
43.	_		ists, or other com	pilations	•	
	<b>☑</b> No					
	Yes. [	<b>Do your lists in</b> □ No	clude personally	identifiable information	(as defined in 11 U.S.C. § 101(41A))?	
	[	Yes. Descri	ibe			
44.	Any busin	ess-related pro	operty you did not	t already list		
	<b>☑</b> No					
	<del>-</del>	Give specific inf				,
45.			ll of your entries f e that number her		y entries for pages you have	\$0.00

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Deb	otor 1	Robert	L.	Smith	Case number (if known)	
		First Name	Middle Name	Last Name		
P	art 6:			mmercial Fishing-Rela n farmland, list it in Par	ated Property You Own or Have t 1.	an Interest In.
46.	Do yo	u own or have a	ny legal or equitable	interest in any farm- or c	ommercial fishing-related property?	
	<u></u>	o. Go to Part 7.				
	☐ Ye	es. Go to line 47.				
						Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm a		ooultry, farm-raised fis	sh		
	☑ No	)	•			
48.	_	es either growing	or harvested			
	₩ No					
	Ye	es. Give specific				
49.	Farm a	and fishing equi	pment, implements,	machinery, fixtures, and t	tools of trade	
	☑ No	o es				
50.	Farm a	and fishing supp	olies, chemicals, and	l feed		
	✓ No	) 9\$				
51.	Any fa	rm- and comme	rcial fishing-related	property you did not alrea	ady list	
	_	os. Give specific formation				
52.			•	from Part 6, including any	entries for pages you have	\$0.00
P	art 7:	Describe All	Property You O	wn or Have an Intere	st in That You Did Not List Abov	ve
53.	-	•	operty of any kind yo lets, country club men	ou did not already list? nbership		
	✓ No	o es. Give specific	information.			
54.	Add th	ne dollar value o	f all of vour entries f	from Part 7. Write that nur	mber here	\$0.00

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Debtor 1	Robert	L.	Smith	Case nu	umber (if known)		
	First Name	Middle Name	Last Name				_
Part 8:	List the Tota	ls of Each Part of	this Form				
55. Part 1	1: Total real estate	e, line 2			+	<b>-</b>	\$0.00
56. Part 2	2: Total vehicles, I	line 5		\$0.00			
57. Part 3	3: Total personal a	and household items,	line 15	\$800.00			
58. Part 4	4: Total financial a	assets, line 36		\$60.00			
59. Part 5	5: Total business-	related property, line	45	\$0.00			
60. Part 6	6: Total farm- and	fishing-related prope	rty, line 52	\$0.00			
61. Part 7	7: Total other prop	perty not listed, line 54	1	+\$0.00			
62. Total	personal property	y. Add lines 56 through	gh 61	\$860.00	Copy personal property total	+	\$860.00
63. Total	of all property on	Schedule A/B. Add	I line 55 + line 62.				\$860.00

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Fill in this inf	ormation to id	entify your	case:					
Debtor 1	Robert	L.	Smith					
Dobto: 1	First Name	Middle Nam	• • • • • • • • • • • • • • • • • • • •					
Debtor 2 (Spouse, if filing)	First Name	Middle Nam	e Last Name					
			RN DISTRICT OF I	I I IN	IOIS			
Case number							Check if this is an amended filing	
(if known)								
Official Form								
Schedule C:	The Prope	rty You Ci	laim as Exemp	ot				04/16
Using the property	you listed on School Sc	edule A/B: Prop this page as m	perty (Official Form 106	6A/B)	as your sou	rce, list the	esponsible for supplying correct inform e property that you claim as exempt. I ssary. On the top of any additional pa	If more
is to state a speci exempted up to the receive certain be exemption of 100° property is determ	fic dollar amount ne amount of any nefits, and tax-ex % of fair market v nined to exceed the	as exempt. Al applicable star empt retireme alue under a la nat amount, yo	Iternatively, you may tutory limit. Some ex ont funds-may be unlaw that limits the execur exemption would	clair emp imite mptic	n the full fai tionssuch ed in dollar a on to a parti	ir market v as those t amount. H icular doll	you claim. One way of doing so value of the property being for health aids, rights to lowever, if you claim an ar amount and the value of the le statutory amount.	
Part 1: Ide	ntiry the Prop	erty You Cia	aim as Exempt					
1. Which set of	exemptions are y	ou claiming?	Check one only,	even	if your spou	se is filing	with you.	
<u></u>	•		nkruptcy exemptions. U.S.C. § 522(b)(2)	11 U.	.S.C. § 522(b	)(3)		
2. For any prop	erty you list on S	chedule A/B th	nat you claim as exen	npt, f	fill in the info	ormation !	below.	
Brief description of Schedule A/B that	of the property ar	d line on	Current value of the portion you own	Current value of Amount of the the portion you exemption you			Specific laws that allow exemptio	'n
			Copy the value from Schedule A/B		eck only one h exemption			
Brief description:			\$400.00	$\overline{\mathbf{Q}}$	\$400	.00	735 ILCS 5/12-1001(b)	
Misc. household	d goods				100% of fai			
Line from Schedule	e A/B: <b>6</b>				value, up to applicable s limit	-		
Brief description:			\$200.00	$\overline{\mathbf{V}}$	\$200		735 ILCS 5/12-1001(b)	
One television,	radio and cellul	ar phone			100% of fai			
Line from Schedule	e A/B: <b>7</b>				applicable s	•		
-	•	-	more than \$160,375? years after that for cas		ed on or afte	er the date	of adjustment.)	
		roperty covered	d by the exemption with	hin 1,	,215 days be	efore you fi	led this case?	

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Debtor 1	Robert	L.	Smith	Case number	(if known)
Part 2:	First Name  Additiona	Middle Name	Last Name		
Brief description of the property and line on Schedule A/B that lists this property			Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Check only one box for each exemption	
	ption: nd necessary Schedule A/B:	clothing 11	\$200.00	\$200.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a), (e)
Brief descri Cash on h Line from S	•	16	\$50.00	\$50.00  100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
-	ption: ress Card chedule A/B:	<u> 17.1 </u>	\$10.00	\$10.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)

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F	ill in this info	ormation to ide	entify your case:				
Б	ebtor 1	Robert	L.	Smith			
		First Name	Middle Name	Last Name			
1 -	ebtor 2						
(5	Spouse, if filing)	First Name	Middle Name	Last Name			
U	nited States Bar	nkruptcy Court for the	ne: <b>NORTHERN DI</b>	STRICT OF ILLINOI	<u>s</u>		
c	ase number						
(i	f known)					Check if this is amended filing	
	w: -: - 1 <b>-</b> -	400D					<u> </u>
_	fficial Form						
So	chedule D:	Creditors W	/ho Have Clai	ms Secured by	/ Property		12/15
COI	rect informatio the top of any a	n. If more space i additional pages, v	s needed, copy the	d people are filing tog Additional Page, fill it I case number (if knov	out, number the entri		
٠.				ourt with your other sch	adules Vou have noth	ning else to report on th	is form
	<u> </u>	in all of the informa		ourt with your other som	cudics. Tou have nou	ing cise to report on th	13 101111.
P	Part 1: List	t All Secured C	laims				
_	List all saccons	ad alabasa. If a con-	ditor has more than o				
2.			for each claim. If mo		Column A	Column B	Column C
		•	the other creditors in		Amount of claim	Value of collateral	Unsecured
	much as possi creditor's name	·	in alphabetical order	according to the	Do not deduct the value of collateral	that supports this claim	portion
	ordanor 3 mann	<b>.</b>			value of collateral	Ciaiiii	If any

Add the dollar value of your entries in Column A on this page. Write that number here:

\$0.00

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				•				
Fill in this inf	ormation to i	dentify your c	ase:					
Debtor 1	Robert	L.	Smith	]				
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse, if filing)	First Name	Middle Name	Last Name					
United States Bar	nkruptcy Court fo	r the: NORTHER	RN DISTRICT OF ILLINOIS					
Case number				_	1 Chapte if this is a			
(if known)				_	Check if this is a amended filing	an		
Official Form	106E/F							
Schedule E/	F: Creditor	s Who Hav	e Unsecured Claims			12/15		
Do not include any If more space is n to this page. On t	y creditors with eeded, copy the he top of any ad	partially secured Part you need, f ditional pages, v	and on Schedule G: Executory Co I claims that are listed in Schedule ill it out, number the entries in the vrite your name and case number of secured Claims	D: Creditors Who H boxes on the left. A	old Claims Secur	ed by Property.		
1. Do any credit	. Do any creditors have priority unsecured claims against you?							
☐ No. Go t	o Part 2.							
✓ Yes.								
claim. For each show both price space is claim, list the	ch claim listed, id ority and nonprior s needed for prior other creditors in	entify what type o ity amounts. As r ity unsecured clai Part 3.	creditor has more than one priority of claim it is. If a claim has both prior nuch as possible, list the claims in a ms, fill out the Continuation Page of e instructions for this form in the inst	ity and nonpriority ame Iphabetical order acco Part 1. If more than o	ounts, list that clain rding to the creditor	n here and or's name. If		
					amount	amount		
2.1				\$4,000.00	\$4,000.00	\$0.00		
Badillo Law Gro			- Last 4 digits of account number					
Priority Creditor's Nam 8745 W. Higgins			When was the debt incurred?	 09/08/2016				
Number Street	-		when was the debt incurred:	09/00/2010				
Suite 110			- As of the date you file, the claim	is: Check all that app	oly.			
			Contingent Unliquidated					
Chicago	IL	60631	- Disputed					
City Who incurred the	State  debt? Check of	ZIP Code	Type of BRIORITY upgestured als					
Debtor 1 only	debt: Check	orie.	Type of PRIORITY unsecured cla Domestic support obligations	aim:				
Debtor 2 only			Taxes and certain other debts	you owe the governm	ent			
Debtor 1 and D	•	an ath ar	Claims for death or personal in	•				
<u></u>	the debtors and		intoxicated					
<b>-</b>	claim is for a cor	illiunity aept	Other. Specify	0				
Is the claim subject No	CL (O OHSEL?		Attorney fees for this cas	<del>C</del>				
Yes Yes								

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Debtor 1	Robert	L.	Smith	Case number (if known)				
	First Name	Middle Name	Last Name					
Dort O	<b>I</b> 1 :-4 AU -4 Y	Varia NONDDIODIT	V Unaccured Cl	*****				
Part 2:	LIST All OI	Your NONPRIORIT	T Unsecured Ci	ainis				
3. Do an	y creditors have	nonpriority unsecured	l claims against you	?				
	lo. You have noth	ing to report in this part	. Submit this form to	the court with your other schedules.				
M Y	'es			·				
4. List al	Il of your nonnrio	rity unsecured claims	in the alphabetical	order of the creditor who holds each claim.				
	•	•	•	reditor separately for each claim. For each claim listed, identify what				
				ore than one creditor holds a particular claim, list the other creditors in				
Part 3	. If more space is	needed for nonpriority	unsecured claims, fill	out the Continuation Page of Part 2.				
				Total claim				
4.1				\$768.00				
CFS BER			_ Last 4 digits of a	count number 0 1 5 4				
	reditor's Name sevelt Rd		When was the de	bt incurred?				
Number	Street		As of the date yo	u file, the claim is: Check all that apply.				
Berwyn, I	L-60402-1036		_ Contingent					
			Unliquidated Disputed					
Oit.		710.0-1-	_ <b></b> .					
City Who incur		State ZIP Code Check one.		ORITY unsecured claim:				
<b>☑</b> Debtor	1 only		Student loans	ising out of a separation agreement or divorce				
Debtor				ot report as priority claims				
_	1 and Debtor 2 or t one of the debtor	•	☐ Debts to pension or profit-sharing plans, and other similar debts					
_		r a community debt	Other. Specify					
_	n subject to offse		Charge off					
✓ No		••						
Yes								
4.2				<b>\$5.407.00</b>				
CFS JOLI	ET		Last 4 digits of a	\$5,167.00 \$5,167.00				
	reditor's Name		When was the de	<u> </u>				
4 Ohio St Number	Ste B Street			u file, the claim is: Check all that apply.				
	-604324045		_ ☐ Contingent	a me, are drain is. Oneok an that apply.				
			Unliquidated					
			Disputed					
City		State ZIP Code	Type of NONPRIC	DRITY unsecured claim:				
		Check one.	☐ Student loans					
☐ Debtor	•			ising out of a separation agreement or divorce of treport as priority claims				
Debtor	1 and Debtor 2 or		•	ion or profit-sharing plans, and other similar debts				
	t one of the debtor		Other. Specif	,				
_		r a community debt	Charge off					
	n subject to offse	et?						
✓ No ☐ Yes								

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Debtor 1	Robert	L.	Smith	Case number (if known)	
	First Name	Middle Name	Last Name		
D. ( O	Y NON	DDIODITY II		de altre Bree	
Part 2:	Your NON	PRIORITY Unsect	ured Claims Con	tinuation Page	
After listin	ng any entries on	this page, number th	em sequentially from t	ne	Total alaim
previous	page.				Total claim
4.3					\$2,124.80
City of C	hicago		Last 4 digits of acc	ount number 4 1 6 3	Ψ2,124.00
Nonpriority C	Creditor's Name		When was the deb	<del> </del>	
Number	ent of Revenue Street		As of the date you	file, the claim is: Check all that apply.	
	OF PARKING-I	BANKRUPTCY		,	
121 N. La	Salle St. #107A	1	Unliquidated		
Chicago		IL 60602	Disputed		
City		State ZIP Code	Type of NONPRIOR	RITY unsecured claim:	
		Check one.	Student loans		
بخا	r 1 only r 2 only		~	ing out of a separation agreement or divorce	
_	r 1 and Debtor 2 o	nly	•	report as priority claims n or profit-sharing plans, and other similar debts	
_	st one of the debto	ors and another	Other. Specify	n or pront-sharing plans, and other similar debts	
☐ Check	cif this claim is fo	or a community debt	Parking Ticke	ets	
	m subject to offs	et?			
☑ No					
Yes					
Driver's	License Susper	ision			
4.4					\$525.00
Enhance	d Recovery Co	mpany	Last 4 digits of acc	ount number 9 3 7 2	
Nonpriority (	Creditor's Name		When was the deb	incurred?	
Number	Street		As of the date you	file, the claim is: Check all that apply.	
			Contingent		
			Unliquidated Disputed		
Jackson	ville	FL 32241			
City		State ZIP Code Check one.	Type of NONPRIOR	RITY unsecured claim:	
	r 1 only	Check one.	Student loans		
	r 2 only			ing out of a separation agreement or divorce report as priority claims	
_	r 1 and Debtor 2 o	•	•	n or profit-sharing plans, and other similar debts	
_	st one of the debto		Other. Specify	3,	
_		or a community debt	Collecting for	- TMobile	
	m subject to offs	et?			
✓ No ☐ Yes					
⊔ ' "					

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Debtor 1	Robert	L.	Smith	Case number (if known)	
Part 2:	First Name Your NO	Middle Name	Last Name red Claims Contin		
	ng any entries o		m sequentially from the		Total claim
Jackson City Who incu Debto Debto At lea	ville  rred the debt? r 1 only r 2 only r 1 and Debtor 2 st one of the debt	FL 32241 State ZIP Code Check one.	Contingent Unliquidated Disputed Type of NONPRIORIT Student loans Obligations arising that you did not rep	Y unsecured claim:  out of a separation agreement or divorce port as priority claims or profit-sharing plans, and other similar debts	
Is the clai ✓ No ☐ Yes	m subject to off	set?			

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Case number (if known)

**Smith** 

20210	First Name	N/	liddle Name	Last Name	-	
	r iiot rtaino	.,	ilidalo i tamo	Last Namo		
Part 3:	List Other	s to Be	e Notified Abo	out a Debt That You Already	/ Lis	sted
_						
For ex credite debts	ample, if a colle or in Parts 1 or i that you listed i	ection ag 2, then l in Parts	gency is trying to ist the collection	o collect from you for a debt you o agency here. Similarly, if you ha ditional creditors here. If you do	owe t	bt that you already listed in Parts 1 or 2. to someone else, list the original nore than one creditor for any of the have additional parties to be notified for
	ott Harris, P.C	).		On which entry in Part 1 or P	art 2	2 did you list the original creditor?
<sup>Name</sup> <b>Attorneys</b>	at Law			Line of (Check one):	П	Part 1: Creditors with Priority Unsecured Claims
Number	Street Jackson Blvd	., Suite	600	Attorneys for- The City  of Chicago		Part 2: Creditors with Nonpriority Unsecured Claims
Chicago		IL	60604	Last 4 digits of account num	ber	<u>4</u> <u>1</u> <u>6</u> <u>3</u>
City		State	ZIP Code			
ComCast	Cable Commu	unicatio	ons, LLC	On which entry in Part 1 or P	art 2	2 did you list the original creditor?
Attn: Law	Department/E	Bankrup	otcy Dept.	Lineof (Check one):		Part 1: Creditors with Priority Unsecured Claims
	Street cast Center			Goods and services		Part 2: Creditors with Nonpriority Unsecured Claims
	. •			<ul> <li>Last 4 digits of account num</li> </ul>	ber	
<b>Philadelpl</b> City	nia	PA State	<b>19103-2838</b> ZIP Code	<u> </u>		
Fingerhut	/Web Bank			On which entry in Part 1 or P	'art 2	2 did you list the original creditor?
Name 6250 Rida	ewood Rd			Line of (Check one):	П	Part 1: Creditors with Priority Unsecured Claims
Number	Street	2020		Credit Card		Part 2: Creditors with Nonpriority Unsecured Claims
Saint Clot	ud, MN-563030	J02U		<del></del>	ш	, , , , , , , , , , , , , , , , , , ,
				— Last 4 digits of account num	ber	
City		State	ZIP Code			
MCI Comr	munications			On which entry in Part 1 or P	art 2	2 did you list the original creditor?
Name <b>PO Box 1</b> 0	63250			Line of (Check one):	П	Part 1: Creditors with Priority Unsecured Claims
	Street			Services		Part 2: Creditors with Nonpriority Unsecured Claims
Columbus	•	ОН	43216	— Last 4 digits of account num	ber	
City	<u>,                                      </u>	State	ZIP Code	<u> </u>		
Secretary	of State			On which entry in Part 1 or F	'art 2	2 did you list the original creditor?
<sub>Name</sub> Traffic Vic	olations Section	on		Line of (Check one):	П	Part 1: Creditors with Priority Unsecured Claims
Number	Street irksen Pkwy.			License Suspension		Part 2: Creditors with Nonpriority Unsecured Claims
Springfiel	d	IL	62723	— Last 4 digits of account num	ber	4 1 6 3
City	<del>-</del>	State	ZIP Code	<del></del>		
Driver's L	icense Suspe	nsion				

Robert

Debtor 1

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Debtor 1	Robert			Smith	(	Case number (if known)					
	First Name	N	liddle Name	Last Name		` , <u> </u>					
Part 3:	List Other	s to Be	e Notified Abo	ut a Debt That	You Already	/ Listed Continuation Page					
US Bank-	- ACE			On which entry	y in Part 1 or P	Part 2 did you list the original creditor?					
Name Cb Dispu	tes			 Line of	(Check one):	Part 1: Creditors with Priority Unsecured Claims					
Number Street PO Box 108				Credit Card		Part 2: Creditors with Nonpriority Unsecured Claims					
				<ul> <li>Last 4 digits o</li> </ul>	f account num	ber					
Saint Lou	ıis	MO	63166-0108	_							
City		State	ZIP Code								

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Debtor 1	Robert	L.	Smith	Case number (if known)	
	First Name	Middle Name	Last Name		
	_				

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Add the Amounts for Each Type of Unsecured Claim

				Total claim
Total claims	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. 🛨	\$4,000.00
	6e.	<b>Total.</b> Add lines 6a through 6d.	6d.	\$4,000.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i. <b>+</b>	\$9,231.80
	6j.	<b>Total.</b> Add lines 6f through 6i.	6j.	\$9,231.80

Part 4:

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Fill in this inf	ormation to iden			
Debtor 1	Robert First Name	L. Middle Name	Smith Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for the	: NORTHERN DIST	RICT OF ILLINOIS	
Case number (if known)				Check if this is an amended filing

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

    Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease
  is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of
  executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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Fi	II in this info	ormation to iden	tify your case:				
De	ebtor 1	Robert	L.	Smith			
		First Name	Middle Name	Last Name			
	ebtor 2 pouse, if filing)	First Name	Middle Name	Last Name			
	-						
Ur	nited States Bar	hkruptcy Court for the	NORTHERN DIST	RICT OF ILLINOIS			
	ase number known)					Check if this is an	
	- Tanowiny					amended filing	
Of	ficial Form	106H					
Sc	hedule H:	<b>Your Codebt</b>	ors				12/1
nee pag	ded, copy the <i>i</i> e. On the top o	Additional Page, fill of any Additional Pa	it out, and number th ges, write your name	sponsible for supplying con ne entries in the boxes on t e and case number (if know	he left. Attach the A vn). Answer every q	dditional Page to this	
1.	No Yes	any codebtors? (If	you are filing a joint of	case, do not list either spouse	e as a codebtor.)		
2.			-	r property state or territory ew Mexico, Puerto Rico, Texa		-	
	✓ No. Go to				_		
	Yes. Did No Yes	your spouse, former	spouse, or legal equiv	valent live with you at the tim	e?		
3.	person shows creditor on S	n in line 2 again as a chedule D (Official F	codebtor only if tha	e your spouse as a codebto it person is a guarantor or o le <i>E/F</i> (Official Form 106E/F olumn 2.	cosigner. Make sure	you have listed the	

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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J	ill in this inforr	nation to identi	y your cas <u>e:</u>							
	Debtor 1	Robert	L.	Smith						
		First Name	Middle Name	Last Name			Che	eck if this is:		
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			$- \Box$	An amended filing		
	United States Bank	ruptcy Court for the:	NORTHERN	DISTRICT OF IL	LINC	ois	_   □	A supplement showing p chapter 13 income as of		
	Case number (if known)				_				_	owing date.
$\cap$	fficial Form 10	ายเ						MM / DD / YYYY		
_	chedule I: Yo									12/15
res inc abo you	sponsible for suppl clude information a out your spouse. I ur name and case	ying correct inforn bout your spouse.	nation. If you are If you are separ eded, attach a se Answer every c	e married and not rated and your sport parate sheet to the	filing ouse i	jointly, s not fi	and your ing with y	I Debtor 2), both are equal spouse is living with you rou, do not include inforr any additional pages, wi	u, mation	
1.	Fill in your emploinformation.	oyment		Dobton 1				Dobtor 2 or non filing		
	If you have more job, attach a sepa with information a additional employ	rate page <b>Empl</b> obout ers.	oyment status	Debtor 1  ☐ Employed ☑ Not employed Disabled	ed			Debtor 2 or non-filing  Employed  Not employed	spous	<u>e</u>
	Include part-time, or self-employed		oyer's name							
	Occupation may i student or homen applies.	p.	oyer's address	Number Street				Number Street		
								_		
				City		State	Zip Code	City	State	Zip Code
		How	ong employed t	here?			•			-
F	Part 2: Give I	Details About M	onthly Incom	е						
noi If y	n-filing spouse unles ou or your non-filing	ss you are separated	f. than one employ	•			-	e, write \$0 in the space. In		
						For De	btor 1	For Debtor 2 or non-filing spouse		
2.		ss wages, salary, as). If not paid month			2.		\$0.00			
3.	Estimate and list	monthly overtime	рау.		3	٠	\$0.00	<u> </u>		
4.	Calculate gross	income. Add line 2	+ line 3.		4.		\$0.00			

Official Form 106l Schedule I: Your Income page 1

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Deb	otor 1	Robert	L.	Smith		Case nu	ımber	(if known)				
		First Name	Middle Name	Last Name								
					F -	or Debtor 1		or Debtor 2 on-filing s		<u>.                                    </u>		
	Cop	y line 4 here		→	4.	\$0.00						
5.	List	all payroll deduct	ions:				-					
		. ,	nd Social Security d	leductions	5a.	\$0.00						
			butions for retireme		5b.	\$0.00	-					
			outions for retiremen		5c.	\$0.00	-					
		-	ents of retirement f		5d.	\$0.00	-					
	5e.	Insurance			5e.	\$0.00	_					
	5f.	Domestic suppor	t obligations		5f.	\$0.00	•					
	5g.	Union dues	-		5g.	\$0.00	_					
	5h.	Other deductions Specify:	<b>5.</b>		5h. <b>+</b>	\$0.00	_					
6.		I the payroll deduc	ctions. Add lines 5	a + 5b + 5c + 5d + 5e + 5f +	6.	\$0.00	-					
7.		culate total monthl		Subtract line 6 from line 4.	7.	\$0.00	-					
8.			egularly received:			<b>A</b>						
	8a.	Net income from business, profes	rental property and sion, or farm	from operating a	8a.	\$0.00	-					
			dinary and necessary	nd business showing business expenses, and								
	8b.	Interest and divid	lends		8b.	\$0.00						
	8c.	Family support p dependent regula		non-filing spouse, or a	8c.	\$0.00	-		_			
		•	pousal support, child t, and property settle	support, maintenance, ment.								
	84	Unemployment c	omnensation		8d.	\$0.00						
	8e.		oponodnon		8e.	\$750.00	-		—			
	8f.	•	nt assistance that vo	ou regularly receive		Ψ100.00	-		—			
		Include cash assis cash assistance the (benefits under the or housing subsidi	stance and the value nat you receive, such e Supplemental Nutri	(if known) or any non-								
		Specify:			8f. -	\$0.00	-					
	8g.	Pension or retire	ment income		8g.	\$0.00	_					
	8h.	Other monthly in Specify:	come.		8h. <b>+</b>	\$0.00	_					
9.	Add	all other income.	Add lines 8a + 8b +	8c + 8d + 8e + 8f + 8g + 8h.	9.	\$750.00						
10.			ome. Add line 7 + li	ne 9. Debtor 2 or non-filing spouse.	10.	\$750.00	]+[			=[		\$750.00
11.	Inclu			e expenses that you list in S tner, members of your housel			ur roc	mmates, a	and oth	her		
	Do r	not include any amo	ounts already include	d in lines 2-10 or amounts tha	it are no	t available to nav	expe	nses listed	l in Sc	hedu	le J.	
		cify:	an oddy morddo			and to puy	J., PO		11.	+		\$0.00
12.				10 to the amount in line 11.					12.			\$750.00
		applies.	ount on the Summary	of Your Assets and Liabilities	s and Ce	enain Statistical li	norma	auON,			ombir	ned y income

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Debtor 1	Robert	L.	Smith	Case number (if known)								
	First Name	Middle Name	Last Name									
13. Do	13. Do you expect an increase or decrease within the year after you file this form?											
	No.	None.										
	Yes. Explain:											

Official Form 106l Schedule I: Your Income page 3

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F	ill in this inform	nation to ident	ify your case:			Ch	ck if this	io	
	Debtor 1	Robert		Smith				ended filing	
		First Name	Middle Name	Last Na			A supp	lement showing 13 expenses a	
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Na	ame		followin	•	
	United States Bankr	ruptcy Court for the	: NORTHERN DI	STRICT O	F ILLINOIS		MM / D	D / YYYY	_
	Case number (if known)								
Of	ficial Form 10	)6J				_			
Sc	hedule J: Yo	our Expense	es .						12/15
cor	rect information. In	f more space is n	eeded, attach anotho swer every question	er sheet to t	ling together, both ar this form. On the top	-			
1.	Is this a joint cas	e?							
2.	_ No	Debtor 2 live in a s s. Debtor 2 must fi endents?	No Yes. Fill out this in	-2, Expense	s for Separate House Dependent's relati Debtor 1 or Debtor	onshi		Dependent's	Does dependent live with you?
	Debtor 2.	r and —	for each dependent	t	. Deptor 1 or Deptor	2		age	No No
	Do not state the de names.	ependents'							Yes No Yes No Yes No Yes No Yes No No No No No
3.	Do your expense expenses of peopyourself and your	ole other than	☑ No ☐ Yes						Yes
P	art 2: Estima	ate Your Ongo	ing Monthly Exp	enses					
to ı		of a date after the		-	are using this form as a supplemental Sche			-	
			h government assis n Schedule I: Your I	-				Your expens	ses
4.			enses for your residence any rent for the ground				4	4	\$400.00
	If not included in		-						
	4a. Real estate ta	axes					4	4a	
	4b. Property, hon	neowner's, or rente	r's insurance				4	4b	
	4c. Home mainte	enance, repair, and	upkeep expenses				4	4c	
	4d. Homeowner's	s association or co	ndominium dues				4	1d.	

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Debtor 1		Robert	L.	Smith	Case number (if known)	
		First Name	Middle Name	Last Name		
					Your expens	es
5.	Add	litional mortgag	e payments for your resid	lence, such as home equity loans	5.	
6.	Utili	ties:				
	6a.	Electricity, heat	, natural gas		6a.	\$20.00
	6b.	Water, sewer, g	arbage collection		6b	
	6c.	Telephone, cell cable services	phone, Internet, satellite, a	nd	6c	
	6d.				6d.	
		d and housekee			7.	\$100.00
8.	Chil	dcare and child	ren's education costs		8.	
9.	Clot	hing, laundry, a	and dry cleaning		9.	\$10.00
10.	Pers	sonal care prod	ucts and services		10.	\$20.00
11.	Med	lical and dental	expenses		11.	
		nsportation. Inc . Do not include	lude gas, maintenance, bu car payments.	s or train	12.	\$50.00
		ertainment, club gazines, and boo	s, recreation, newspaper oks	s,	13.	
14.	Cha	ritable contribu	tions and religious donat	ons	14.	
		ırance.	and the death of forms and the	over the help did to the end of each		
				ay or included in lines 4 or 20.	45-	
	15a.					
	15b.					
					15c	
16.	15d. <b>Tav</b>		· · ·	our pay or included in lines 4 or 20.	15d	
		cify:		our pay or moradod in imico i or zo.	16.	
17.	Inst	allment or lease	payments:			
	17a.	. Car payments	for Vehicle 1		17a	
	17b.	. Car payments	for Vehicle 2		17b	
	17c.	Other. Specif	y:		17c	
	17d.	Other. Specif	y:		17d	
				support that you did not report as , Your Income (Official Form 106I).	18.	
			u make to support others	who do not live with you.		
	Spe	cify:			19.	

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Deb	tor 1	Robert	L.	Smith	Case number (	if kno	wn)
		First Name	Middle Name	Last Name			,
20.		er real property edule I: Your Inc		n lines 4 or 5 of this form or	on		
	20a.	Mortgages on	other property			20a.	
	20b.	Real estate tax	ces			20b.	
	20c.	Property, home	eowner's, or renter's insura	ance		20c.	
	20d.	Maintenance,	repair, and upkeep expens	es		20d.	
	20e.	Homeowner's	association or condominiu	m dues		20e.	
21.	Othe	er. Specify:				21.	+
22.	Calc	ulate your mon	hly expenses.				
	22a.	Add lines 4 thr	ough 21.			22a.	\$600.00
	22b.	Copy line 22 (r	nonthly expenses for Debi	tor 2), if any, from Official For	m 106J-2.	22b.	
	22c.	Add line 22a a	nd 22b. The result is your	monthly expenses.		22c.	\$600.00
23.	Calc	ulate your mon	thly net income.				
	23a.	Copy line 12 (y	our combined monthly inc	ome) from Schedule I.		23a.	\$750.00
	23b.	Copy your mor	nthly expenses from line 2	2c above.		23b.	- \$600.00
	23c.		monthly expenses from yo our monthly net income.	ur monthly income.		23c.	\$150.00
24.	Do y	ou expect an in	crease or decrease in yo	our expenses within the year	r after you file this form?		
				your car loan within the year or modification to the terms of you	, , ,	ige	
		No. Yes. Explain he	re:				

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Fill in this inf	ill in this information to identify your case:								
Debtor 1	Robert	L.	Smith	_					
	First Name	Middle Name	Last Name						
Debtor 2									
(Spouse, if filing)	First Name	Middle Name	Last Name						
United States Bar	United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS								
Case number									
(if known)									
Official Form	106Sum								

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying

	rect information. Fill out all of your schedules first; then complete the information on this form. If you are filin redules after you file your original forms, you must fill out a new Summary and check the box at the top of this	-
Р	art 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	,
	1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$860.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$860.00
Р	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$4,000.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$9,231.80
	Your total liabilities	\$13,231.80
Р	art 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$750.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$600.00

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Debtor 1		Robert	L. Smith		Case number (if known)		
		First Name	Middle Name	Last Name			
Pa	art 4:	Answer Thes	e Questions fo	or Administrative	and Statistical Records		
6.	Are you	u filing for bankrup	tcy under Chapte	rs 7, 11, or 13?			
	<ul> <li>No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.</li> <li>✓ Yes</li> </ul>						
7.	What k	ind of debt do you	have?				
	لگا	•	•		are those "incurred by an individual primarily for a personal, as 8-9g for statistical purposes. 28 U.S.C. § 159.		
	_	our debts are not prosecuted by second to the court was	•		hing to report on this part of the form. Check this box and submit		
8.				Ily Income: Copy your Line 11; OR, Form 12	total current monthly income from 22C-1 Line 14. \$750.00		
^	Comust	o following anadia	l antomorino of al	nime from Bort 4 line	6 of Schodulo E/E		

**Total claim** 

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:							
9a. Domestic support obligations. (Copy line 6a.)	\$0.00						
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00						
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00						
9d. Student loans. (Copy line 6f.)	\$0.00						
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00						
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$0.00						
9g. <b>Total.</b> Add lines 9a through 9f.	\$0.00						

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Fill in this inf	ormation to i	dentify your case	:	
Debtor 1	Robert First Name	L. Middle Name	Smith Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court fo	or the: <b>NORTHERN D</b>	ISTRICT OF ILLINOIS	
Case number (if known)				☐ Check if this is an amended filing
Official Form	106Dec			
Declaration	About an I	ndividual Debt	or's Schedules	12/15
\$250,000, or impr			y fraud in connection with a ba	ankruptcy case can result in fines up to and 3571.
Did you pay	or agree to pay	someone who is NOT	an attorney to help you fill out	bankruptcy forms?
Ľ	ame of person _			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalt true and cori		eclare that I have read	the summary and schedules	filed with this declaration and that they are
X /s/ Robert L.	rt L. Smith Smith, Debtor 1		X Signature of Debtor 2	
Date <b>09/</b>	11/2016		Date	

MM / DD / YYYY

MM / DD / YYYY

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Fil	l in this inf	ormation to i	dentify your case			
Del	otor 1	Robert	L.	Smith		
		First Name	Middle Name	Last Name		
	otor 2	First Name	Middle Name	Last Name		
(Sp	ouse, if filing)	First Name	ivildale Name	Last Name		
Uni	ted States Ba	nkruptcy Court fo	r the: NORTHERN D	ISTRICT OF ILLINOIS	<u>.                                    </u>	
	se number				☐ Check if this is an	
if k	(nown)				amended filing	
Offi	cial Form	107				
			A ( ( - 1 1 - 1 - 1 - 1	<del> </del>	an Bandan ata	
Sta	tement o	r Financiai	Affairs for ind	ividuals Filing for	or Bankruptcy	04/16
Pa	rt 1: Giv	ve Details Abo	out Your Marital S	Status and Where Yo	ou Lived Before	
1.	What is your	current marital	status?			
	☐ Married		otatao i			
	✓ Not marrie	ed				
2.	During the la	st 3 years, have	you lived anywhere o	ther than where you live	e now?	
	<b>☑</b> No					
	Yes. List	all of the places	you lived in the last 3 y	ears. Do not include whe	ere you live now.	
	(Community p		•	• .	in a community property state or territory? .ouisiana, Nevada, New Mexico, Puerto Rico, Texas,	
	<b>☑</b> No					
	Yes. Mak	te sure you fill ou	t Schedule H: Your Co	debtors (Official Form 10	6H).	

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Debtor 1		Robert First Name	L. Middle Name			Case number (if known)		
Pa	Part 2: Explain the Sources of Your Income							
4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.							calendar years?	
	✓ No	s. Fill in the details	S.					
5.	Did you receive any other income during this year or the two previous calendar years?  Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.							
	List ead	ch source and the o	gross income fro	m each source separately	/. Do not include income	that you listed in line 4.		
	□ No ☑ Yes	s. Fill in the details	S.					
				Debtor 1		Debtor 2		
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions	
From January 1 of the current year until the date you filed for bankruptcy:		•	Disability	\$6,750.00				
For the last calendar year: (January 1 to December 31, 2015)		Disability	\$9,000.00					
For the calendar year before that: (January 1 to December 31, 2014)		Disability	\$9,000.00					

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Debtor 1		Robert	L.	Smith	Case number (if known)			
		First Name Middle Name Last Name						
Р	art 3:	List Cer	tain Payments You	Made Before You	Filed for Bankruptcy			
6.	Are eith	ner Debtor 1	's or Debtor 2's debts pr	imarily consumer del	ots?			
	□ No.		Debtor 1 nor Debtor 2 has by an individual primarily		<b>debts.</b> Consumer debts are defined in 11 U.S.C. § 101(8) as or household purpose."			
		During th	e 90 days before you filed	for bankruptcy, did yo	u pay any creditor a total of \$6,425* or more?			
		□ No. C	So to line 7.					
		_	total amount you paid that	t creditor. Do not inclu	l of \$6,425* or more in one or more payments and the de payments for domestic support obligations, such as payments to an attorney for this bankruptcy case.			
		* Subject	to adjustment on 4/01/19	and every 3 years afte	r that for cases filed on or after the date of adjustment.			
	<b>✓</b> Yes	Debtor 1	or Debtor 2 or both have	e primarily consumer	debts.			
		During th	e 90 days before you filed	for bankruptcy, did yo	u pay any creditor a total of \$600 or more?			
		▼ No. C	Go to line 7.					
		_		ayments for domestic	l of \$600 or more and the total amount you paid that support obligations, such as child support and alimony. this bankruptcy case.			
7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.							
	✓ No	s. List all pay	ments to an insider.					
3.		1 year befor ed an inside	-	cy, did you make any	payments or transfer any property on account of a debt that			
	Include	payments or	n debts guaranteed or cos	igned by an insider.				
	✓ No ☐ Yes	s. List all pay	yments that benefited an i	nsider.				

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Debtor 1		Robert	L.	Smith	Case number (if known)		
		First Name	Middle Name	Last Name			
Pa	art 4:	Identify Leg	gal Actions, Rep	ossessions, and F	oreclosures		
9.	. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?  List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.						
	✓ No ☐ Yes	. Fill in the detail	S.				
10.	seized,	or levied?	u filed for bankrupt		operty repossessed, foreclosed, garnished, attached,		
		Go to line 11 Fill in the inforn	nation below.				
11.		•		ptcy, did any creditor, i make a payment becau	ncluding a bank or financial institution, set off any se you owed a debt?		
	✓ No ☐ Yes	. Fill in the detail	S.				
12.			•	cy, was any of your pro stodian, or another offi	operty in the possession of an assignee for the benefit of cial?		
	✓ No ☐ Yes						
Pa	art 5:	List Certain	Gifts and Cont	ributions			
13.	Within 2	2 years before ye	ou filed for bankru	otcy, did you give any g	ifts with a total value of more than \$600 per person?		
	✓ No ☐ Yes	. Fill in the detail	s for each gift.				
14.	Within 2 to any o		ou filed for bankrup	otcy, did you give any g	ifts or contributions with a total value of more than \$600		
	✓ No ☐ Yes	. Fill in the detail	s for each gift or co	ntribution.			
Pa	art 6:	List Certain	Losses				
15.		l year before you saster, or gamb		ccy or since you filed fo	r bankruptcy, did you lose anything because of theft, fire,		
	✓ No ☐ Yes	. Fill in the detail	S.				

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Debtor 1		Robert	L.	Smith	Case number (if known)
		First Name	Middle Name	Last Name	
Pa	art 7:	List Certain P	ayments or Trans	sfers	
16.				id you or anyone else acting o cy or preparing a bankruptcy p	n your behalf pay or transfer any property to etition?
	Include	any attorneys, bank	ruptcy petition prepare	rs, or credit counseling agencies	for services required for your bankruptcy.
	✓ No	s. Fill in the details.			
17.		•		id you or anyone else acting o ur creditors or to make payme	n your behalf pay or transfer any property to nts to your creditors?
	Do not	include any payment	t or transfer that you lis	ted on line 16.	
	✓ No	s. Fill in the details.			
18.		•		did you sell, trade, or otherwis our business or financial affai	e transfer any property to anyone, other than rs?
		•		as security (such as granting of ready listed on this statement.	a security interest or mortgage on your property).
	✓ No	s. Fill in the details.			
19.		-		, did you transfer any property asset-protection devices.)	to a self-settled trust or similar device of which
	✓ No ☐ Yes	s. Fill in the details.			
Pa	art 8:	List Certain F	inancial Accounts	s, Instruments, Safe Dep	osit Boxes, and Storage Units
20.		1 year before you fi , closed, sold, move		rere any financial accounts or	instruments held in your name, or for your
			•	financial accounts; certificates s, and other financial institutions.	of deposit; shares in banks, credit unions, brokerage
	✓ No	s. Fill in the details.			
21.	-	now have, or did y urities, cash, or oth	•	before you filed for bankrupto	cy, any safe deposit box or other depository
	✓ No ☐ Yes	s. Fill in the details.			
22.		ou stored property	in a storage unit or pl	lace other than your home witl	nin 1 year before you filed for bankruptcy?
	✓ No	s. Fill in the details.			

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Debtor 1		Robert First Name	L. Middle Name	Smith Last Name	Case number (if known)					
Pa	art 9:	1		Control for Someone Else	<b>.</b>					
23.	Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.									
	✓ No ☐ Yes	. Fill in the details.								
Pa	art 10:	Give Details Al	bout Environmer	ntal Information						
For 1	For the purpose of Part 10, the following definitions apply:									
h	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.									
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.									
Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.										
Rep	ort all no	otices, releases, and	I proceedings that yo	ou know about, regardless of v	when they occurred.					
	Has any law?	/ governmental unit	notified you that you	u may be liable or potentially li	able under or in violation of an environmental					
	✓ No ☐ Yes	. Fill in the details.								
25.	☑ No	ou notified any gove  . Fill in the details.	rnmental unit of any	release of hazardous material	?					
	Have you	ou been a party in ar	ny judicial or adminis	strative proceeding under any	environmental law? Include settlements and					
	✓ No ☐ Yes	. Fill in the details.								

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Deb	tor 1	Robert	L.	Smith	Case number (if known)				
		First Name	Middle Name	Last Name					
Pa	art 11:	Give Deta	ils About Your B	usiness or Connecti	ons to Any Business				
27.		ithin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any usiness?							
		A member of A partner in a An officer, dir	a limited liability comp partnership ector, or managing ex	n a trade, profession, or ot any (LLC) or limited liabilit ecutive of a corporation g or equity securities of a					
	<u>-</u>		bove applies. Go to P	art 12. n the details below for eac	ch business.				
<ul> <li>Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.</li> </ul>									
	□ No □ Yes	s. Fill in the det	ails below.						
Pa	art 12:	Sign Belo	w						
hat orop or b	answer perty by oth. 18	s are true and fraud in conne	correct. I understand	d that making a false sta tcy case can result in fir	attachments, and I declare under penalty of perjury tement, concealing property, or obtaining money or nes up to \$250,000, or imprisonment for up to 20 years,				
_		Smith, Debtor	1	Signature of De	btor 2				
[	Date	09/11/2016	_	Date					
☑ □ Did	No Yes you pay				or Individuals Filing for Bankruptcy (Official Form 107)? u fill out bankruptcy forms?				
		me of person			Attach the Bankruptcy Petition Preparer's Notice,				
_		· -			Declaration, and Signature (Official Form 119).				

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### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

IN RE: Robert L. Smith CASE NO

CHAPTER 13

## **VERIFICATION OF CREDITOR MATRIX**

knowledge.		
Date 9/11/2016	Signature /s/ Robert L. Smith Robert L. Smith	
- ***	Robert L. Smith	

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her